


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

Apr 30, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # N03000007665 1. Entity Name TOTAL MOTIVATIONAL SERVICES, INCORPORATED |  |
|--|---|

Principal Place of Business
**PO BOX 141002
GAINESVILLE, FL 32614-1002**

Mailing Address
**PO BOX 141002
GAINESVILLE, FL 32614-1002**



04292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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|------------------------------------|--|
| 4. FEI Number 59-3718706 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**POLLARD, TERENCE
4131 NW 13 ST STE 212
GAINESVILLE, FL 32609**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP POLLARD, TERENCE 4131 NW 13 ST GAINESVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV STOKES, CHRIS 402 NW 6 ST MICANOPY, FL 32667 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT TOWNS, TIMOTHY 39 NW 39 AVE LOT 33 GAINESVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS FILER, DELANO 1205 NE 18 TER GAINESVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

000000350515
05/02/05-80107-022 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Terence Pollard 28 Apr 05 352-377-6640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #